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ABSTRACT

This study evaluated the effectiveness of the Community Awareness Motivation Partnership (C.A.M.P.) theater program, a one-hour sex education program for adolescents. Four hundred and twenty adolescents between the ages of 13 and 19 participated in a repeated measures pre/post test design study. The majority of this sample is Latino. Results indicate that adolescents did not often communicate about sexual issues with their parents. The findings suggest that post-theater intervention participants were more likely to delay intercourse and had an increased understanding of abstinence. The results suggest that a brief theater intervention is effective as a starting point for changing the sexual intentions of Latino adolescents. (Contains 47 references and 4 tables.) (Author/GCP)

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Running head: SEX IN THE CITY

Sex in the City: C.A.M.P. Teen Theatre as a Sex Education Tool

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Abstract

This study evaluated the effectiveness of the C.A.M.P. theatre program, a 1-hour sex education program for adolescents. Four hundred and twenty adolescents between the ages of 13 and 19 (M = 13.73, SD = 1.07) participated in a repeated measures pre/post test design study. The majority of this sample is Latino (84.3%). Results indicate that adolescents did not often communicate about sexual issues with their parents. The findings suggest that post-theatre intervention participants were more likely to plan to delay intercourse and had an increased understanding of abstinence. These results suggest that a brief theatre intervention is effective as a starting point for changing the sexual intentions of Latino adolescents.

Key words: Latino, ethnic, adolescents, community-based intervention, theatre, sex education

Sex in the City: C.A.M.P. Teen Theatre as a Sex Education Tool

In 1999, over 50% of high school students in the United States reported having had sexual intercourse (Centers for Disease Control and Prevention [CDC], 2000c). Although the CDC (2000a) reports that fewer and fewer adolescents choose to become sexually active each year, those that do become sexually active do so at an increasingly young age (CDC, 1997). The CDC (1997) reported that adolescents are, on average, 17.8 years of age at the time of their first intercourse. However, 8.3% of adolescents 13 or younger have had sexual intercourse (CDC, 2000c). In addition to early intercourse, adolescents in the United States report infrequent contraceptive usage. The CDC (2000c) reports that 42% of adolescents nationally did not use a condom at the time of their last intercourse. African American and Latino adolescents are significantly less likely to use contraceptives than EuroAmerican adolescents (CDC, 1997, 2000b, 2000c).

These low rates of reliable contraceptive use have public health consequences for ethnic adolescents. Each year, almost one million adolescent women become pregnant, 78% of which do so unintentionally (National Campaign to Prevent Teen Pregnancy [NCPTP], 2000a). Three out of five Latinas experience at least one pregnancy during their adolescent years, a rate significantly higher than the national average (NCPTP, 2000b). The CDC also (1998) reports that approximately 656,900 adolescents are currently infected with the HIV virus, with ethnic youth having a greater prevalence of infection. However, this number only considers individuals who have been tested and found positive for HIV. Therefore, it may actually be an underestimate because it does not include the 75% of adolescents who have not been tested for HIV (CDC, 1997), or who were tested but scored falsely negative for the virus.

Partly in response to these and other health concerns, many public schools in the United States have initiated sex education programs (Finkel & Finkel, 1985). Today, approximately 80% of adolescents in U.S. public schools receive education on HIV and AIDS (Adams, Schoenborn, Moss, Warren, & Kann, 1995) and human sexuality (U.S. Department of Health and Human Services, 1999). The majority of sex education programs are strictly fact-based in nature, with less than 40% of adolescents receiving practical instruction on how to use methods of birth control (Harris, 1986). Research consistently suggests that promoting condom use in this population is one of the single most effective ways of reducing risk of not only early pregnancy but also sexually transmitted infections and AIDS (Kirby, 2001). Furthermore, only 0.3% (n = 2,688) of public elementary and secondary schools in the United States have condom distribution programs (Kirby & Brown, 1996; National Center for Education Statistics [NCES], 2001). The U.S. Department of Education, NCES (2001) reported that in the year 2000 there were 46.9 million children and youth enrolled in public schools. If we apply the possible availability of condom distribution programs to this national number it implies that approximately 138,000 youth receive these services (NCES).

The majority of school-based sex education programs consist of lectures and/or discussion groups where information about puberty and facts about sexually transmitted infections are given, these programs are often referred to as fact-based (Morton, Nelson, Walsh, Zimmerman, & Coe, 1996). Although some researchers report that these traditional sex education programs are effective in changing adolescent sexual behavior (Morton et al.), the results are conflicting. Many researchers conclude that traditional sex education programs have little influence on adolescents' attitudes towards sexuality and sexual behavior, including

pregnancy rates and contraceptive usage (Christopher & Roosa, 1990; Dawson, 1986; Marsiglio & Mott, 1986).

The Option of Non-Traditional Education

Research has suggested that skill-based programs, which exceed providing fact-based information and provide adolescents with sexual negotiation skills, might be a better approach for sex education programs geared to adolescents (Card, 1999; Harding et al., 1996; St. Lawrence, Jefferson, Gomez, & Kegeles, 1995). These programs, the majority of which are grounded in theories of social cognition, focus specifically on *how* to increase responsible sexual behavior. They differ from traditional sex education programs in that they not only provide adolescents with factual information on sex and sexuality, but also seek to promote self-efficacy, by providing instruction on condom negotiation or tactics for saying "no" to pressure to have intercourse. In a study comparing the effectiveness of fact-based (traditional) versus skill-based training, St. Lawrence and colleagues found skill-based training to be much more effective than fact-based training in reducing the likelihood of participants receiving future treatment for a STI. Skill-based programs, in contrast to strictly fact-based curricula, are often presented in an interactive, entertaining, and engaging manner. Numerous studies have found that adolescents are more receptive to skill-based educational programs than information administered in a fact-based lecture format (Palmer, Boardman, & Bauchner, 1996; Stevenson, Gay, & Jossar, 1995).

One particular non-traditional intervention method, the use of educational theatre, has shown increasing promise in educating adolescents. Educational theatre presents information to participants in an engaging, realistic format. During a theatre performance, participants observe representative actors performing behaviors and expressing attitudes on the target issue. Participants have the opportunity to learn educational information and to witness and vicariously

learn skills related to dealing with the target issue. Harding and colleagues (1996) found that a theatre method was an effective, captivating tool to educate adolescents about substance use. Likewise, Hillman, Hovell, Williams, Hofstetter, and Burdyshaw (1991) found that adolescents were significantly more knowledgeable on AIDS issues, more willing to discuss sexual issues with others, and had greater intent to use contraceptives after viewing a teen theatre intervention.

The C.A.M.P. Program

The Community Awareness Motivation Partnership (C.A.M.P.) Teen Theatre Program is modeled after the theatre intervention developed by Hillman and associates (1991). The main concept of this intervention is based on the behavioral ecological model (Hovell et al., 1994), which is an extension of social cognitive theory (Bandura, 1992). Like social cognitive theory, the behavioral ecological model suggests that adolescents can learn information about safe sex, as well as appropriate safe sexual practices and negotiation/social skills, from watching similar others model appropriate behaviors and receive consequences for inappropriate behaviors (Bandura; Hogben & Byrne, 1998; Hovell et al.). The behavioral ecological model proposes that behavior, cognition (such as efficacy and perceived norms), and one's environmental context mutually reinforce one another in a triadic relationship, and that this relationship can describe and predict adolescent risky-sex behaviors (Hovell et al.). The model emphasizes the important role of adolescents' cultural and peer reinforcements in sexual behavior. The C.A.M.P. Teen Theatre program is intended to be a first step in changing peer norms to reinforce safe sexual practices among adolescents. The theatre program aims to increase adolescents' knowledge about safe sex behaviors by providing an informative, entertaining, and culturally and developmentally appropriate dramatization program. The C.A.M.P. program's primary aims are to: 1) increase adolescents' knowledge of STIs and the role that abstinence and/or reliable

condom use play in preventing the transmission of STIs; 2) promote abstinence as the best way to prevent early pregnancy and STI/HIV transmission; and 3) encourage adolescents to postpone sexual intercourse.

The C.A.M.P. Teen Theatre program attempts to accomplish these aims with a target audience of urban, predominately Latino young adolescents in a culturally and developmentally appropriate manner. The one-hour long performances are tailored to the target audience through a mix of representative peer educators and culturally relevant music and skits. The theatre troop consists of an ethnically diverse cast of 10 adolescent and young adult actors between the ages of 15 and 25. These individuals are recruited directly from the community via a series of open call auditions held in the summer at the CHOICES office. Aside from acting ability, actors are chosen for their physical similarity to the target audience and ability to interact with participants on a peer level. Therefore, most of the performers are Latino, and have some existing knowledge of the demographic and cultural make-up of the target area. Prior to working with the target population, these adolescents and young adults are given three days of training on STIs, HIV/AIDS, teenage pregnancy, and the role that abstinence and consistent condom use play in maintaining adolescent sexual health. The actors continue to receive educational workshops related to teen sexual health during the theatre session.

Using culturally relevant, age-appropriate educators helps to make the intervention poignantly realistic to the audience. Prior research suggests that adolescents are highly receptive to peer-administered programs (Zibalese-Crawford, 1997). Furthermore, many researchers have noted that interventions are much more effective when they are culturally relevant to the target audience (Gillmore et al., 1997; Jemmott, Jemmott, Fong, & McCaffree, 1999; Kim, Stanton, Li, Dickerson, & Galbraith, 1997; Siegel, DiClemente, Durbin, Krasnovsky, & Saliba, 1995;

Stevenson & Davis, 1994; Stevenson et al., 1995). Kim and associates, in a quantitative review of 40 AIDS intervention programs, found that the implementation of culturally-based interventions significantly decreased adolescent participants' number of sexual partners and increased their intent to use contraceptives. Stevenson and associates' (1995) study of a non-traditional video educational program found that African American adolescents were significantly more receptive to video training that featured African American actors performing culturally appropriate skits than either EuroAmerican actors or African American actors performing culturally inappropriate skits.

Urban teen culture is represented by the use of rap music that is currently popular in the adolescent communities participating in the project. In addition, the actors incorporate mannerisms, clothing styles, dance styles, and slang phrases that are commonly used by adolescents in the target population. While giving performances at the intervention sites, project staff make note of current slang phrases and music styles that are popular among the adolescents. Project staff uses this information to update aspects of the play, such as slang phrases and music, on an on-going basis to represent what is currently in favor with the target audience.

Aside from acquiring actors that are representative of the target audience, C.A.M.P. Theatre also seeks to be culturally appropriate by incorporating a number of references to Latino culture into the props and skits. The intervention is designed to be culturally appropriate to segments of Latino adolescents, and therefore the majority of the skits contain a mixture of "Spanglish" (words that are a mix of Spanish and English), code-switching (phrases that start in one language and finish in another), and English, in order to make the skits more representative of the conversational patterns of the bilingual youth of this community.

Furthermore, reference is made in several of the skits to traditional Latino cultural customs, such as the use of *curanderos* (healers). This is done in a manner that is respectful of cultural values, while simultaneously dispelling misconceptions and myths. For instance, one scene in the play depicts a Latina mother telling her daughter that *curanderos* can cure AIDS. The daughter in the scene tells her mother that, although *curanderos* are good for many things, there is no cure for AIDS. These types of cultural references show value of and respect towards cultural norms, and also work to dispel the myth that AIDS is curable.

Twelve different, but related, skits comprise the hour-long theatre performance. Skits used in the theatre take two forms: 1) informational facts and 2) scene depictions. Five of the skits constitute facts that are read by actors on-stage in between scenes. These facts provide information about early pregnancy, STIs, and HIV/AIDS; for example, one such skit states, "Know the facts: Girls can become pregnant the first time they have sex."

The remaining skits are various scene depictions of adolescents encountering issues of sexual pressure, HIV/AIDS, STIs, and early pregnancy. These skits provide modeling behaviors on the importance of abstinence and consistent condom use in preventing early pregnancy and STI/HIV contraction and personal control (efficacy) over sexual health, and depict sexual refusal and negotiation skills. For example, one skit depicts a young Latina woman who is being aggressively kissed by her boyfriend. The skit portrays the young woman refusing sexual advances, and reinforcing that "no" means "no." The skits for the theatre performance are derived directly from real-life situations individuals in the target audience may encounter. The C.A.M.P. skits are created by a collaborative effort between the director of the program (a Latina social worker with experience in dramatic therapeutic and educational techniques), and the actors.

Prior research specifically with the C.A.M.P. Teen Theatre program has found it an effective tool for changing older adolescents' (aged 13-19; $M = 14.34$, $SD = 1.22$) intended sexual behavior (Guzmán et al., 2000). Guzmán and associates found that viewing the theatre intervention significantly increased both male and female adolescents' intentions to delay intercourse until marriage or until an older age. Similarly, results indicated a greater understanding of abstinence and male responsibility. Guzmán and associates report that participation in the C.A.M.P. Teen Theatre program significantly increased both non-sexually active and sexually active adolescents' intentions to use contraceptives.

With these intervention effects, the C.A.M.P. Teen Theatre program was implemented during the 1999-2000 academic school year with a younger group of adolescents. A younger group of adolescents was targeted due to the research that indicates that the majority of sex education programs are introduced in high school a point in which programs may be too late to be of any true benefit (O'Sullivan, Jaramillo, Moreau, & Meyer-Bahlburg, 1999). In prior studies, it has been found that less than half of the adolescents surveyed received sexual education before their first intercourse (Morton et al., 1996; Urban Institute, 1992). Furthermore, focus groups conducted with adolescents have found that teens perceive education should have been offered earlier, before adolescents become sexually active (Palmer et al., 1996). The current article is a summary of the evaluation results of the program.

Method

Participants

A total of 420 adolescents in the eighth and ninth grades of public schools in Los Angeles County participated in the C.A.M.P. Teen Theatre program during the 1999 to 2000 academic school year. Public schools in the San Gabriel Valley were invited to participate in the

intervention and evaluation. The schools in which the school board and principal gave permission for entry (n = 8) were selected for participation in the project. Students who elected to participate and had informed parental consent were selected from classrooms in which the teacher volunteered class time to participate in the study. There were slightly more female (57.1%, n = 240) than male (40.2%, n = 169) participants. [1] Participants' were between the ages of 13 and 19, with a mean age of 13.73 (SD = 1.07), and were primarily of Latino origin (84.3%, n = 349). [2] Table 1 details the ethnic make-up of the sample.

INSERT TABLE 1 ABOUT HERE

Participants reported the highest educational level achieved by their mothers and fathers. Of the 420 participants, 120 (28.5%) reported they did not know their mother's educational level and 159 (37.8%) participants did not know their father's educational level. For the participants who knew their mother's (71.4%, n = 300) or father's (62.1%, n = 261) educational level, about a third of mothers (33%, n = 99) and fathers (30.6%, n = 80) attained less than an eighth grade education. This data suggests that the participants are from a community of few economic resources; however, this conclusion should be interpreted with caution due to the high number of adolescents who did not know their parents' educational level.

Materials

Participants completed a pre-test questionnaire before viewing the theatre presentation and a post-test questionnaire after viewing the presentation, each lasting approximately 30 minutes to complete. The pre-test questionnaire measured demographics, sexual behaviors, behavioral intentions, and sexual knowledge. The post-test questionnaire contained the same items as the pre-test questionnaire, with the exclusion of the demographic items. Questions were

written at a third grade reading level in order to maximize participants' ability to fully comprehend and complete the questionnaire.

Behavioral Items. Participants completed several items on their past sexual activity, contraceptive use, and frequency of and comfort with communication about sexual issues. Past sexual activity was measured by asking participants to either answer "yes" or "no" to the question, "Have you had sexual intercourse?" Participants responding "yes" were asked to provide their age at first sexual intercourse. Contraceptive use was assessed by asking participants to rate how often they used the pill, condom, diaphragm, "the shot" (Depo-Provera), or another method on a 5-point Likert scale ranging from 1 (*never*) to 5 (*every time*). Participants responding that they used another method were asked to indicate the method of contraceptive used. Participants' frequency of sexual communication was assessed by having participants rate, on a 5-point Likert scale ranging from 1 (*never*) to 5 (*always*), how often they talk about sex with each of the following people: parents, friends, and dating partners. Participants' comfort during sexual communication was measured by asking participants to rate, on a 5-point Likert scale ranging from 1 (*very uncomfortable*) to 5 (*very comfortable*) with a middle anchor of 3 (*indifferent*), how comfortable they felt while talking about sex with each of the following individuals: parents, friends, and dating partners.

Behavioral Intention Items. Participants answered two items assessing their intentions to postpone sex. Participants were asked to indicate their agreement with two statements, "I plan to wait to have sex until I am older" and "I plan to wait to have sex until I am married," on a 5-point Likert scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*) with a middle anchor of *can't decide*. These two items (r = .64) were combined to create a single score.

Knowledge. The questionnaire measured participants' knowledge of the meaning of abstinence by one multiple choice item, "What does abstinence mean?" The response options included having sex; having sex while the female is menstruating; having sex without protection; and not have sexual intercourse until one is ready.

Procedure

Parental/guardian consent forms were distributed to participants in their classrooms approximately one week prior to viewing the theatre program. All adolescents viewing the program and completing questionnaires were required to bring back a consent form signed by their parent or legal guardian stating that they were allowed to participate in the project. Participants with parental consent were randomly issued a project identification number to protect their anonymity.

Evaluation of the theatre program took place over a three-day period. Participants completed pre-test questionnaires during academic class time one-day prior to viewing the theatre performance. Steps were made to ensure that participants were given enough privacy to complete the questionnaire. Participants were instructed to seat themselves apart from their peers, and did not share or discuss responses to the questionnaire with their peers during administration. Participants who had consent viewed the 1-hour theatre performance the next day. Directly after the performance, participants had a 15-minute open-forum discussion with the program actors to answer questions and clarify topics relevant to the theatre. On the third day, participants were administered the post-test questionnaire, after which they were debriefed and allowed to ask any remaining questions regarding the performance and/or topics covered.

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Results

Sexual Activity

Forty-nine (11.9%) of the adolescents sampled reported being sexually active. The mean age at first intercourse was 13.33 years of age (SD = 1.86).[3] Of the males, 16.5% (n = 28) reported being sexually active, and 8.3% (n = 20) of females had had sexual intercourse. That is, males in the sample were more likely to be sexual active than females. These findings coincide with the CDC's (2000c) reports that Latino males are more sexually active than Latina females, and suggest that the sample is representative of the larger Latino adolescent population. The average age at first intercourse for males (M = 12.92, SD = 1.89) and females (M = 13.9, SD = 1.74) was not significantly different ($t(43) = 1.78$, $p > .05$).

Contraceptive Usage

The majority of sexually active adolescents sampled did not use contraceptives. When adolescents reported contraceptive use the most common response was the condom; with 8.2% (n = 4) of sexually active teens reporting condom use every time they had sex and 18.4% (n = 9) reporting use most of the time. Eleven (22.4%) participants reported rarely using condoms and 22 (44.9%) participants reported never using condoms. The adolescents in the sample reportedly used other forms of birth control (the pill, diaphragm, Depo-Provera, and other methods) less than 10% of the time. These findings mirror the low national rates of contraceptive usage reported by the CDC (2000c).[4]

Communication Patterns

Consistent with Guzmán and associates' (2000) prior findings with older adolescents, the majority (55.9%, n = 235) of adolescents sampled reported never or rarely discussing sexual issues their parents. Adolescents reported discussing sex most frequently with their friends;

63.6% (n = 267) of adolescents reported sometimes, frequently, or always discussing sex with a friend. These findings are shown in Table 2. Over half (57.7%, n = 127) of the 221 adolescents who reported having a current boyfriend or girlfriend rarely or never talked with their partner about sexual issues. For the remaining participants, 49 (22.2%) reported sometimes and 45 (20.3%) reported frequently or always talking with their partners about sexual issues. Consistent with previous findings (Guzmán et al.), there was no significant difference in communication rates between the pre and the post-test questionnaire. It is not surprising to find that communication patterns remained stable, given that the C.A.M.P. evaluation is conducted over a three-day period.

INSERT TABLE 2 ABOUT HERE

Similarly, the results for comfort level during sexual discussion are consistent with Guzmán and associates' (2000) prior findings. Adolescents reported the most comfort when discussing sexual issues with friends; 56.4% (n = 237) reported feeling comfortable or very comfortable discussing sexual issues with their friends. Likewise, adolescents reported feeling most uncomfortable when discussing sexual issues with their parents. One hundred and fifteen or 27.4% of adolescents reported that they felt comfortable or very comfortable in discussing sexual issues with their parents. These findings are shown in Table 3. Furthermore, of the 221 adolescents who currently have a boyfriend or girlfriend, 45.3% (n = 100) stated they felt comfortable or very comfortable discussing sex with their dating partner. There were no significant pre-test to post-test differences between adolescents' level of comfort while discussing sex.

INSERT TABLE 3 ABOUT HERE

As noted previously, findings indicate that these communication patterns reflect those found by Guzmán and associates' (2000) with older adolescents. Both the older adolescents sampled previously and the current sample of younger adolescents report low comfort and communication rates when discussing sexual issues with their parents and high comfort and communication rates when discussing sexual issues with their friends. This implies that communication patterns might not significantly change during the transition from early to mid adolescence.

Intervention Effects

Participants expressed significantly greater intent to delay sexual intercourse after participating in the theatre intervention ($t(419) = 2.33, p < .05$). Before viewing the theatre presentation, 83.8% ($n = 352$) reported intent to wait to have sexual intercourse until marriage or an older age. After participating in the C.A.M.P. Teen Theatre program, 92% ($n = 387$) of participants expressed this same intent.

The findings indicate that adolescents who participated in the theatre program had an increased understanding of the meaning of abstinence. A chi square analysis indicated that the distribution of participants' correct responses to the meaning of abstinence was significantly different from pre to post-test ($\chi^2(1, N = 420) = 19.14, p < .001$). At the pretest, 212 (50.5%) of the adolescents correctly identified abstinence as "waiting and not having sexual intercourse." The remaining students defined abstinence as some form of either protected or unprotected sexual intercourse. On the post-questionnaire, the number of correct responses rose to 354 (84.3%); Cramer's effect size .13. These results are shown in Table 4.

INSERT TABLE 4 ABOUT HERE

Discussion

Overall, these findings indicate that the C.A.M.P. Teen Theatre program was effective in increasing knowledge about what abstinence is and in promoting behavioral intention change among ethnic adolescents. Participants' knowledge of abstinence increased after viewing the dramatization program. Furthermore, adolescents had greater intentions to delay intercourse and use birth control. These results indicate that the theatre program may have an effect on decreasing instances of risky sexual behavior.

Parent-adolescent communication about sexual behavior has been found to decrease instances of risky adolescent sexual behavior. Adolescents who frequently talk to their parents about sexual issues seem to adopt their parents' values and beliefs about sexuality (Dittus, Jaccard, & Gordon, 1999; Fisher, 1986a). Research suggests that those adolescents who frequently communicate about sexual issues with their parents are less likely to be sexually active (DiIorio, Kelley, & Hockenberry-Eaton, 1999; Fisher, 1986b; Leland & Barth, 1993). The current findings suggest that the intervention did not impact adolescents' intentions to talk with their parents about sexual issues. The adolescents' consistent unwillingness to talk with parents may indicate that they are more at-risk for engaging in unsafe sex. This finding might be due to the short-length of the intervention. It would be beneficial for future studies to extend the number of hours/time that the intervention is in place.

The most frequently cited source of sexual discussion among the respondents in our sample was friends, which is consistent with research on peer norms (Pistella & Bonati, 1998). However, friends might not have accurate or extensive knowledge about sexual issues, leading to the perpetuation of misinformation. Considering that the adolescents in our sample were not very knowledgeable about abstinence prior to participating in the program, it is possible that the friends they are accessing for sexual information are not knowledgeable. The finding that dating

partners rarely engage in discussions about sex is an important finding, considering that a portion (11.9%) of respondents were sexually active. Dating partners who are sexually active yet uncommunicative about sexual issues might be at higher risk of unprotected intercourse. These findings suggest that future sexual education programs focus on increasing communication about sex among dating partners, especially if they are sexually active.

In conclusion, the findings indicate that the C.A.M.P. Teen Theatre program is a non-traditional sex education tool effective at increasing adolescents' knowledge about sexual issues and in promoting immediate behavioral intention change. A potential reason for the program's effectiveness is its use of culturally and developmentally appropriate educators and skits. This program was designed to be specifically relevant to an ethnic (predominately Latino) population.

The C.A.M.P. program, however, could be adapted to further increase its effectiveness and increase the likelihood that behavioral intentions to postpone intercourse translate into actual behavior. Ideally, programs like C.A.M.P. would do best to augment their theatre component with a series of interactive workshops, or even one-on-one coaching sessions, where participating adolescents have the opportunity to develop their sexual negotiation skills through role-play and more intimate discussion of safe sex behavior. Furthermore, the implementation of a simultaneous large-scale condom distribution program among the participants would increase the probability that adolescents' sexual behavior intentions to use contraceptives would lead to actual contraceptive use. Adolescents may have intentions to use condoms consistently, however, if they are unable to obtain condoms cheaply, easily, and discreetly, these intentions may not be followed through.

Latino adolescents are in need of sex and HIV/AIDS education (Marín, Tschann, Gomez, & Kegeles, 1994; Workman, Robinson, Cotler, & Harper, 1996; Yep, 1996). The CDC (1997,

2000b, 2000c) consistently reports that Latino adolescents are younger than their EuroAmerican counterparts when they first have sex, and use contraceptives less frequently. This knowledge highlights the need for innovative, culturally appropriate interventions to educate adolescents about sex and to promote safer sexual behavior. Programs that can be administered in a school setting during a short amount of time and with minimal cost, such as C.A.M.P. Teen Theatre, show promise in prompting immediate change in sexual behavior intentions, and, when coupled with other sexual health promotion efforts, may set the stage for safer sexual behaviors among ethnic youth.

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Footnotes

[1] Eleven participants did not report their gender.

[2] Six participants did not report their ethnicity.

[3] Three participants who reported having sexual intercourse did not report their age at first intercourse.

[4] Contraceptive use was not assessed on the posttest as contraceptive behavior was not expected to change within three days.

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Table 1. Participants' Ethnicity

	Frequency	Percent
African American/Black	7	1.7%
American Indian/Native American	6	1.4%
Asian/Pacific Islander	31	7.5%
Hispanic/Latino/Mexican	349	84.3%
White/Caucasian	9	2.2%
Other (Unspecified)	12	2.9%
Total	**414**[2]	**100.0%**

Table 2. Frequency of Discussion About Sexual Issues by Recipient of Communication

	Never/Rarely		Sometimes		Frequently/Always	
Pre-test	***n***	**%**	***n***	**%**	***n***	**%**
Parents (n = 420)	235	55.9%	136	32.4%	49	11.7%
Friends (n = 420)	153	36.4%	141	33.6%	126	30.0%
Boy/girlfriend (n = 221)[a]	127	57.5%	49	22.2%	45	20.3%
Post-test	***n***	**%**	***n***	**%**	***n***	**%**
Parents (n = 420)	234	55.7%	136	32.4%	50	11.9%
Friends (n = 420)	134	31.9%	150	35.7%	136	32.4%
Boy/girlfriend (n = 221)	121	54.8%	48	21.7%	52	23.5%

Note. Only 221 of the participants reported having a current boy/girlfriend.

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Table 3. Perceived Comfort of Discussion About Sexual Issues by Recipient of Communication

	Uncomfortable		Indifferent		Comfortable	
Pre-test	***n***	**%**	***n***	**%**	***n***	**%**
Parents (n = 420)	204	48.6%	101	24.1%	115	27.3%
Friends (n = 420)	98	23.3%	85	20.3%	237	56.4%
Boy/girlfriend (n = 221)[a]	61	27.6%	60	27.1%	100	45.3%
Post-test	***n***	**%**	***n***	**%**	***n***	**%**
Parents (n = 420)	217	51.7%	89	21.2%	114	27.1%
Friends (n = 420)	88	21.0%	95	22.6%	237	56.4%
Boy/girlfriend (n = 221)	54	24.4%	74	33.5%	93	42.1%

Note. Only 221 of the participants reported having a current boy/girlfriend.

Table 4. Responses to "What Does Abstinence Mean?"

	Having Sex		Having Sex During Menstruation		Having Sex Without Protection		Waiting and Not Having Sex	
	n	**%**	***n***	**%**	***n***	**%**	***n***	**%**
Pre-test	42	10.4%	36	8.9%	115	28.4%	212	52.3%
Post-test	28	6.6%	10	2.4%	28	6.7%	354	84.3%

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